

Hand-Carry Delivery Slip

Use this form when a signed receipt of delivery is required.

T
O

Name

Building

Room

Date Delivered

Time

Phone No.

Signature of Receipt

Special Instructions

F
R
O
M

Sender's Name

Building

Room

Date Sent

Time

Phone No.

Brief Description

NIH 2735 (6/93)

**Instructions for
delivery staff:**

- After delivering this package, return the **white** copy of this form to the Sender. Use the address shown in the shaded part of the form (the "From" section).
- Deliver the **yellow** copy of this form to: Building 31, Room 7A19 (Management Services Branch).

*U.S. GPO: 1996-408-302/40004